



Pledge Form

Salt River Community Children's Foundation A Foundation of the Salt River Pima-Maricopa Indian Community

Office: (480) 362-5711

Email: srcf@srpmic-nsn.gov

Srccfoundation.org

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone	
Telephone (alt.)	
Department	
E-Mail	

Pledge Information

Automatic Payroll Deduction	<input type="checkbox"/> \$5 <input type="checkbox"/> \$10 <input type="checkbox"/> \$15 <input type="checkbox"/> \$20 <input type="checkbox"/> Other
Check	Check #
Charge a one-time deduction	Amount \$
Employee Signature	
Printed Employee Name	

☐ I wish to remain an anonymous donor.

Acknowledgement Information

By signing, I hereby authorize the Salt River Pima-Maricopa Indian Community Payroll Office to make an automatic payroll deduction, in the amount specified above, to the Salt River Community Children's Foundation (SRCCF). Furthermore, I understand that I may amend or cancel this automatic payroll deduction at any time by providing a written statement to the Payroll Office asserting the desired changes:

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Salt River Community Children's Foundation
10,0005 E. Osborn
Scottsdale, AZ 85256